

The Industrial Commission of Arizona
Division of Occupational Safety and Health

DATE INSPECTED 12/02/2005

CERTIFICATE DUE DATE 12/02/2006

CERTIFICATE OF INSPECTION
Boiler and Fired Vessels

NAT'L BOARD NO. 0012479

AZ NO. AZ014430

MAWP ALLOWED 150

SAFETY OR RELIEF VALVE SETTINGS: 150/150

USE OF BOILER OR FIRED VESSEL:

PB

MANUFACTURED BY:

Superior

Stericycle, Inc.

YEAR BUILT: 1994

OWNER/USER NAME

Stericycle, Inc.

COMPANY/BUSINESS NAME

1251 S Nelson Dr Ste 5016

Chandler

AZ

Maricopa

85226-5159

LOCATION OF BOILER OR PRESSURE VESSEL

CITY

STATE

COUNTY

ZIP

This is to certify that the herein described Boiler or Fired Vessel has been inspected pursuant to Arizona Revised Statutes, Title 23, Chapter 2, Article 11.

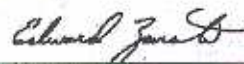
Robert Humphreys

AZ450

INSPECTOR'S NAME

JURISDICTION NO.

CHIEF BOILER INSPECTOR



BUSINESS LICENSE
GILA RIVER INDIAN COMMUNITY**Office of the Treasurer**

P.O. Box 2160 - Sacaton, Arizona 85247

Company Name:

Stericycle, Inc.

9991

License Number

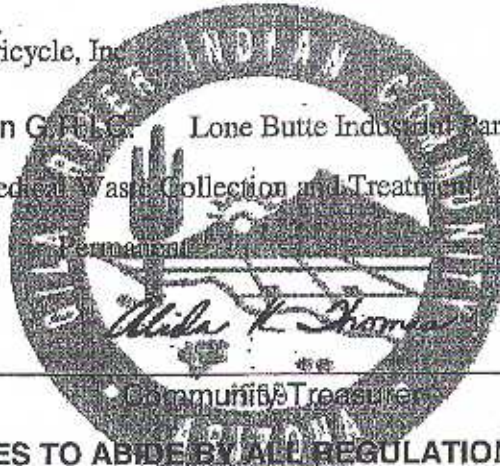
Location of Business Activity on G.R.I.C.:

Lone Butte Industrial Park

Description of Business:

Medical Waste Collection and Treatment

Time Period of License:

**OPERATOR AGREES TO ABIDE BY ALL REGULATIONS AND ORDINANCES
OF THE GILA RIVER INDIAN COMMUNITY.**

ISSUED UNDER THE AUTHORITY OF TITLE 13, GILA RIVER INDIAN COMMUNITY LAW AND ORDER CODE.

LICENSE MUST BE PUBLICLY DISPLAYED AT ALL TIME.

Donald R. Antone, Sr.
GovernorAlida K. Thomas
Community Treasurer

DEPARTMENT OF WEIGHTS AND MEASURES Phone: (602) 255-5211 DEVICE LICENSE		 BME # 111879		EXPIRES ON: 07/01/2006	
STERICYCLE INC # 0001 1251 S NELSON DR CHANDLER, AZ 85226		STERICYCLE INC 1251 S NELSON DR CHANDLER, AZ 85226		RSA License	Number Of Devices 3
				Fee Code 002	
THIS LICENSE MUST BE POSTED ON PREMISES IN A MANNER THAT PROVIDES THE DEPARTMENT ACCESS TO THE LICENSE DURING NORMAL BUSINESS					

INDUSTRIAL USER PERMIT NO. 64

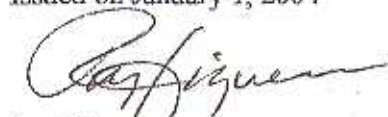
Business Name: Stericycle, Inc.
Premises Address: 1251 S. Nelson Dr.
Chandler, AZ 85226
Mailing Address: Same as above

Based upon the permit application submitted on December 9, 2004, and in accordance with the provisions of the Clean Water Act, (33 U.S.C. 1251, et. seq.), the General Pretreatment Regulations (40 CFR Part 403) and the City of Chandler Wastewater Pretreatment Program as revised and adopted on April 22, 1999, by Ordinance No. 2938 (Pretreatment Program), and any amendments or supplements thereto, Stericycle is authorized to discharge Wastewater into the City of Chandler sanitary sewer system in accordance with the discharge limitations, monitoring requirements, and other conditions set forth in this Permit.

It is understood by the Permittee that any violation of the Clean Water Act, Federal Pretreatment Standards, applicable state and/or local laws or regulations shall be cause for revocation of this Permit and suspension of sanitary sewer service as well as subjecting the Permittee to the remedies available to the City of Chandler under its Pretreatment Program and the Clean Water Act. **Copies of the Pretreatment Program and other applicable laws, ordinances, and regulations are available from the City for the convenience of Permittee. It is the Permittee's responsibility, however, to ensure compliance with applicable laws.**

This Permit shall become effective at 12:01 a.m. on January 1, 2004, and expires at midnight on December 31, 2008.

Issued on January 1, 2004



Ray Figueroa
Industrial Pretreatment Supervisor

A petition for review of the conditions and limitations contained in the Permit may be filed with the City of Chandler Industrial Pretreatment Supervisor within twenty (20) days of the receipt of this Permit as provided by Section 00-03 (c) 1-9 of the Chandler Pretreatment Program (see Part IV.A. of this Permit).

I acknowledge that I am a duly authorized representative of Stericycle as defined in this Permit under Part IV.N. Signatory Requirements. I further acknowledge that either myself or a delegated representative has read all the terms and provisions of this Industrial User Permit and agree to abide by the conditions and limitations contained herein.

Name Patricia Hernandez Title District MGR. Date 1/30/04

**GILA RIVER INDIAN COMMUNITY
DEPARTMENT OF ENVIRONMENTAL QUALITY**

Air Quality Program

P.O. Box 97
Sacaton Arizona 85247

(520) 562-2234

(520) 562-2245 (fax)

HOSPITAL/MEDICAL/INFECTIOUS WASTE TREATMENT FACILITY
OPERATING PERMIT

Permit Number: 04-0001

Issue Date: 10-26-04

Expiration Date: 10-26-09

Permittee Name: Stericycle Inc.

Mailing Address: 1251 South Nelson Drive, Chandler AZ 85226

Business Name: Stericycle Inc.

Facility Address: 1251 South Nelson Drive, Chandler AZ 85226

Equipment Covered: See attached list

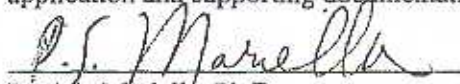
This permit is issued in accordance with the Gila River Indian Community (GRIC), Department of Environmental Quality, Medical Waste Management Ordinance GR-04-02, Title 17, Chapter 9.

The attached Permit Conditions are incorporated into and form an integral part of this Permit.

This permit is not transferrable in accordance with Section 1.5 of the GRIC Medical Waste Management Ordinance GR-04-02.

If the Director of the GRIC Department of Environmental Quality determines that additional monitoring, sampling, waste handling procedures, modeling and/or control of emissions from the facility may reasonably be needed to provide for the continued protection of public health, safety and/or welfare, the Director may amend the provisions of this Permit in accordance with the GRIC Medical Waste Management Ordinance GR-04-02, Title 17, Chapter 9.

This permit may be subject to suspension or revocation for cause including nonpayment of fees, noncompliance with the GRIC Medical Waste Management Ordinance GR-04-02, the attached Permit Conditions, or if the Director determines that significant misrepresentation exists in the application and supporting documentation filed to obtain or modify this Permit.



Patricia Mariella, Ph.D.

Director, GRIC Department of Environmental Quality



ARIZONA DEPARTMENT OF TRANSPORTATION

MOTOR VEHICLE DIVISION

ACCOUNT NUMBER
0478740

MOTOR CARRIER LICENSE

KNOW ALL MEN BY THESE PRESENTS THAT PURSUANT TO
TITLE 28, CHAPTER 9, ARTICLE 6 A.R.S. — THE MOTOR VEHICLE DIVISION

hereby licenses:

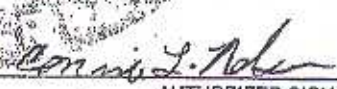
OMI MEDICAL SERVICES OF ARIZONA INC
1251 S NELSON DR
CHANDLER AZ 85226

TO ENGAGE IN OPERATIONS AS A MOTOR CARRIER IN ARIZONA

Valid until
Cancelled or RevokedARIZONA DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE DIVISION

3-20-97

DATED


AUTHORIZED SIGNATURE

MARSH**Received**
11-15-05**CERTIFICATE OF INSURANCE**CERTIFICATE NUMBER
CHI-001227057-07

PRODUCER

MARSH USA INC.
500 WEST MONROE STREET
CHICAGO, IL 60661
Attn: CERT TEAM (T)(312) 627-6994 (F)(877) 855-7274

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY

A AMERICAN INT'L SPECIALTY LINES INS. COMPANY

COMPANY

B ZURICH AMERICAN INSURANCE COMPANY

COMPANY

C INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

COMPANY

D

350208-STD-WPOLL-05-06

INSURED

STERICYCLE, INC.
ATTN: LIZ BRANDEL
28161 N. KEITH DRIVE
LAKE FOREST, IL 60045

COVERAGES

This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	EG 3779036	11/08/05	11/08/06	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMPROP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$ 10,000
B	AUTOMOBILE LIABILITY	TRK 9377341-02 (AOS)	11/08/05	11/08/06	COMBINED SINGLE LIMIT \$ 5,000,000
B	<input checked="" type="checkbox"/> ANY AUTO	TRK 5344318-02 (PR)	11/08/05	11/08/06	BODILY INJURY (Per person) \$
C	<input type="checkbox"/> ALL OWNED AUTOS	4605-2748	11/08/05	11/08/06	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<input checked="" type="checkbox"/> PHYS DAM - SELF-INSURED				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY \$
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY	8854920	11/08/05	11/08/06	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 5,000,000
	OTHER THAN UMBRELLA FORM				SIR \$ 10,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 9377344-02 (AOS)	11/08/05	11/08/06	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
B	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE	WC 9377345-02 (WI)	11/08/05	11/08/06	EL EACH ACCIDENT \$ 1,000,000
	<input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE-POLICY LIMIT \$ 1,000,000
	OTHER				EL DISEASE-EACH EMPLOYEE \$ 1,000,000
A	POLLUTION LEGAL LIABILITY	PLC 3777082	11/08/05	11/08/08	EACH OCCURRENCE 5,000,000
					AGGREGATE 10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

STERICYCLE CHANDLER TREATMENT FACILITY, 1251 SOUTH NELSON DRIVE, CHANDLER, AZ 85226

CERTIFICATE HOLDER

STERICYCLE CHANDLER TREATMENT FACILITY
1251 SOUTH NELSON DRIVE
CHANDLER, AZ 85226

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

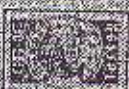
MARSH USA INC.

BY: Christy N. Miller

MM1(3/02)

Christy N. Miller

VALID AS OF: 11/08/05

		DETACH AND POST CONSPICUOUSLY AT PLACE OF BUSINESS		REVENUE DIVISION 755 W. ALAMEDA P.O. BOX 27719 TUCSON, AZ 85723-2719 (520) 791-5586	
BUSINESS LICENSE CITY OF TUCSON OCCUPATIONAL OR LIQUOR			FEE 24.00	EMPLOY 00004	SIC 9213
LICENSE 022405	CODE 197	COVERING PERIOD FROM 01/01/05 TO 06/30/06			
DESCRIPTION DELIVERY GENERAL					
LOCATION 2501 N VIOLET					
C.D. KIM NELSON STERICYCLE 1251 S NELSON CHANDLER, AZ 85225-5119					
THIS IS NOT A RESIDUE LICENSE					

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

BIOHAZARDOUS MEDICAL WASTE TRANSPORTER

REGISTRATION NO. TR079901.01

In accordance with Arizona Administrative Code Title 18, Chapter 13, Article 14


Registration issued to:

Stericycle, Inc.

Company or Entity Name (Transporter Name)

This Registration for Arizona Biohazardous Medical Waste Transporter is issued to the above named company or entity, and is to be used for transport of biohazardous medical waste in accordance with AAC R18-13-1401 et seq. This registration is deemed effective on the Issue Date below, and expires on the Expiration Date below (5 years after the Issue Date).

This registration is granted based upon the information provided in the Application for Arizona Biohazardous Medical Waste Transporter Registration. This registration does not relieve the registrant from the requirement to obtain permits and related vehicle inspections from the counties or local governments within which biohazardous medical waste will be transported. This registration is not transferable from one company or entity to another.


Shannon M. Davis, Director
Waste Programs DivisionISSUE DATE: 11/18/2004EXPIRATION DATE: 11/18/2009

MAY 28. 2003 10:35AM

SUN VALLEY C. S. DEPT

NO. 5137 P. 1

Form W-9
(Rev. January 2003)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See specific instructions on page 2

Name
STERICYCLE, INC.

Business name, if different from above

Check appropriate box: ☐ Individual/sole proprietor ☒ Corporation ☐ Partnership ☐ Other

Exempt from backup withholding ☐

Address (number, street, and apt. or suite no.)
9186 GLENOAKS BLVD., SUITE 300

City, state, and ZIP code
SUN VALLEY, CA 91352

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

1	2	3	4	5	6	7	8	9	0

OR

Employer identification number

1	2	3	4	5	6	7	8	9	0
3	6	3	6	4	0	4	0	2	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person

[Signature]

Date 5/28/03

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-9 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.